(b) if so, the details thereof; and

(c) the fresh steps taken/proposed to be taken by Government to ensure that every MBBS doctor serves for at least two years in rural areas after getting his degree?

THE MINISTER OF HEALTH AND FAMILY WELFARE (DR. C.P. THAKUR): (a) and (b) Yes, Sir. Government have initiated programmes to see that essential medicines reach all the Primary Health Care Institutions. Under the Reproductive and Child Health Programme the following drug kits are supplied to the health centres:

1.	Drug Kits "A" & "B'	@2 per sub-centre per annum
2.	Essential Obstetric Care Kit.	For Primary Health Centres @50% in "B' category Distt. 30% in "C' category Distt.
3.	Emergency Obstetric Care Kit.	For First Referral Units @3 FRUs in "B' category Distts.
4.	Reproductive Track Infection/Sexual Transmitted Infection Kits	For First Referral Units @ 3 FRUs in 'A' category 2 FRUs in "B' category Distts. 1 FRU in "C' category Distts.

(c) The appointment and postings of doctors is entirely the responsibility of the State Governments/UTs. They have been advised to take appropriate steps to ensure the availability of doctors in rural areas. Some State Governments have made it obligatory for doctors to work in rural areas for 2-3 years on initial appointment. Other steps taken by some States include decentralized contractual appointment of doctors in rural areas and compulsory rural service for 2-3 years a pre-requisite for entry into post-graduate medical course etc.

Pending application for medical colleges from TN

1393. SHRI S. AGNIRAJ: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) the total number of medical colleges in various branches of medicine in Tamil Nadu pending with Government for approval, district-wise;

(b) by when they are likely to be cleared;

(c) the reasons for the delay in clearance; and

(d) the normal period within which such cases are cleared?

THE MINISTER OF HEALTH AND FAMILY WELFARE (DR. C.P THAKUR): (a) to (c) The proposal of Government of Tamil Nadu for opening a new medical college at Kanyakumari District has been referred to the Medical Council of India (MCI) for evaluation. The clearance of the proposal depends on fulfillment of qualifying criteria prescribed in the Regulations of MCI, availability of infrastructural facilities and recommendations of MCI. However, no other proposal from Tamil Nadu is pending with the Central Government.

(d) As per the provisions of Indian Medical Council Act, 1956 as amended such proposals are to be decided within a period of one year.

Plan allocation for department of Family Welfare

1394. SHRI BRAHMA KUMAR BHATT: Will the MINISTER OF HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether plan allocation for Department of Family Welfare was enhanced in the year 2000- 2001.

(b) if so, the details of achievements;

(c) the allocation for the year 2001-2002; and

(d) the success to be achieved?

THE MINISTER OF HEALTH AND FAMILY WELFARE (DR. C.P. THAKUR): (a) and (b) The Plan allocation (B.E.) for 1999-2000 for the Department of Family Welfare was Rs. 2920 crore which was increased to Rs. 3120 crore at R.E. stage. Against this, the Plan allocation (B.E.) for 2000-2001 was Rs. 3520 crore which was reduced to Rs. 3200 crore at the R.E. stage. Thus, there was a marginal increase of Rs. 80 crore in the year 2000-2001. This was spent for implementing National Family Welfare Programme.

(c) and (d) The Plan allocation for the year 2001-02 is Rs. 4210 crore. This enhancement has been provided for:

i) revised rates of norms of rent, contingent expenditure etc. for all the infrastructure units created through out the country over past many years;

ii) revised rates of compensation for sterlization and I UD insertion;

iii) to implement National Maternity Benefit scheme transferred to this Department from Ministry of Rural Development;

iv) to meet the enhanced demand of contraceptives on account of prevailing unmet needs;